

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application of Docket Number

10/122943

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		20 minus 20 = <i>(Signature)</i>
INDEPENDENT CLAIMS		3 minus 3 = <i>(Signature)</i>
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THA OR SMALL ENTI
RATE	FEES
BASIC FEE	\$375
XS 9=	
X42=	
+140=	
TOTAL	
OR	TOTAL 760.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	Minus	20 = <i>(Signature)</i>
Independent	3	Minus	3 = <i>(Signature)</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OTHER THA OR SMALL ENTI
RATE	AD DITIONAL FEE
XS 9=	
X42=	
+140=	
TOTAL	
OR	ADDITIONAL FEE

3-1805

(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus	20 = <i>(Signature)</i>
Independent	15	Minus	3 = <i>(Signature)</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	AD DITIONAL FEE
0.00	
XS 9=	
240.00	
X42=	
+140=	
TOTAL ADDIT FEE	
OR	ADDITIONAL FEE

240.00
X84= 2400.00
+140= 2400.00
TOTAL ADDIT FEE 2400.00

(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus	20 = <i>(Signature)</i>
Independent	15	Minus	3 = <i>(Signature)</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	AD DITIONAL FEE
0.00	
+140=	
TOTAL ADDIT FEE	
OR	ADDITIONAL FEE

0.00
+140= 280.00
TOTAL ADDIT FEE 280.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the highest claim number previously paid for in this space is less than 20, enter "20."
*** If the highest claim number previously paid for in this space is less than 3, enter "3."
**** If the highest claim number previously paid for in this space is less than 1, enter "1."
***** If the highest claim number previously paid for in this space is less than 0, enter "0."